

**STATEMENT OF COMPLAINT AND CERTIFICATE OF APPLICATION TO
THE COUNCIL ON MANUFACTURED HOUSING
TO SUBMIT DISPUTE TO NON-BINDING MEDIATION
PURSUANT TO THE DELAWARE MANUFACTURED HOUSING
ALTERNATE DISPUTE RESOLUTION ACT**

In order for the Council on Manufactured Housing to determine whether to refer a dispute to non-binding mediation as provided for in the Delaware Manufactured Housing Alternative Dispute Resolution Act, 25 *Del.C.* § 7001A, you must complete all pages of this form. Information must be typewritten or clearly printed in black or blue ink. Please state the facts briefly, clearly and with specificity.

****Indicates a field required by law in order to accept your complaint. Your complaint may be rejected if any portion of a required field is left blank or if the information is not legible.**

Sign and date this complaint form and return it with your \$30 check made out to the Council on Manufactured Housing to:

The Council on Manufactured Housing
c/o The Consumer Protection Unit
Delaware Department of Justice
820 N. French Street, Fifth Floor
Wilmington, DE 19801

SECTION A – YOUR INFORMATION**

Last Name	First Name	Middle Initial	Spouse's Name if a Co-Complainant
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Street Address

City	State	Zip Code
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Home Phone Number	Work Phone Number
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E-Mail Address (if any)

SECTION B – DESCRIPTION OF COMPLAINT**

Describe your complaint in detail below obtained during the course of the matter if possible. Include in your complaint the dates, times and locations where events you allege occurred and the nature of your complaint. Outline how you believe the subject of your complaint violated the Manufactured Housing laws, the rules and regulations and/or your lease. If you need more space, attach additional sheets of paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION C – SUBJECT OF YOUR COMPLAINT**

Last Name	First Name	Middle Initial	Business Name (if any)
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Name of Community

Street Address

City	State	Zip Code
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Phone Number _____ Fax Number _____

E-Mail Address (if any)

SECTION D – DESCRIPTION OF ATTEMPTS TO RESOLVE THE COMPLAINT**

Describe the steps you have taken to resolve this complaint, if any. If you feel that you could not make efforts to resolve the complaint, or if any efforts to resolve it would not be successful, please explain why.

[illegible]

SECTION E – YOUR ATTORNEY (IF ANY)

Last Name

First Name

Middle Initial

Firm Address

City

State

Zip Code

Phone Number

Fax Number

E-Mail Address (if any)

If you have filed a lawsuit, please state the current status of the lawsuit.

**SECTION F. DO YOU WISH TO SUBMIT YOUR COMPLAINT TO NON-BINDING
MEDIATION? You must check one: YES: _____ NO: _____**

SECTION G- YOUR SIGNATURE**

DATE**

Your complaint will not be accepted if you do not sign and date it.